



State of Utah

JON M. HUNTSMAN, JR.
Governor

GARY R. HERBERT
Lieutenant Governor

Utah Department of Health

David N. Sundwall, M.D.
Executive Director

Health Systems Improvement

Marc E. Babitz, M.D.
Division Director

Paul R. Patrick
Deputy Division Director

Date: May 31, 2007

To: Potential Project Applicants to the
State Primary Care Grants Program for Medically Underserved Populations

From: Don Beckwith, Health Program Manager
Office of Primary Care and Rural Health

Subject: State Primary Care Grants Program Process for State Fiscal Year 2007-2008

The Office of Primary Care and Rural Health, Utah Department of Health, invites qualified agencies to submit an application for State Primary Care Grants Program funding for State Fiscal Year (SFY) 2007-2008. The State Primary Care Grants Program supports access to health care, by assisting public and non-profit entities with the cost of providing primary care services to medically underserved populations. The grant period covered for **New**¹ awarded agencies will be September 1, 2007 thru June 30, 2008 (ten [10] months). The grant period covered for **Continuation**² awarded agencies will be December 1, 2007 thru June 30, 2008 (seven [7] months). Approximately \$1,600,000 was appropriated by the State of Utah Legislature to fund the State Primary Care Grants Program. The Utah Department of Health has set a maximum funding award for **New**¹ SFY 2007-2008 Projects at \$40,000.

Applicants should be aware that it is the policy of the Utah Department of Health that agencies awarded under the State Primary Care Grants Program must use awarded funding to provide primary care services for the full grant period, and must ensure that continuity of services is maintained for the full duration of the grant period.

**Please be aware that the State Primary Care Grants Program
is a competitive program and an Application to the Program
does not guarantee an award or future funding.**



Office of Primary Care and Rural Health

288 North 1460 West • Salt Lake City, Utah

Mailing Address: P.O. Box 142005 • Salt Lake City, Utah 84114-2005

Telephone: (801) 538-6113 • Facsimile: (801) 538-6387 • health.utah.gov/primarycare

¹ **New** Projects are those Projects that were not awarded funding December 1, 2006 through November 30, 2007.

² **Continuation** Projects are those Projects that were awarded funding December 1, 2006 through November 30, 2007. Continuation Projects are considered those Projects that would be applying for the “exact same Project and with the same Objectives.”

Letter to Potential Project Applicants to the State Primary Care Grants Program
 Subject: State Primary Care Grants Program Process for State Fiscal Year 2007-2008
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Agencies that received funding last year and are applying for the exact same Project and with the same Objectives, should not request more than one hundred twenty percent (120%) of the funding awarded during SFY 2006-2007.

Type of Proposed Project	Eligible Funding	Number of Months
NEW ¹ Proposed Projects: Ten (10) month proposed project for the period September 1, 2007 through June 30, 2008	Maximum: \$40,000	Ten (10) Months
CONTINUATION ² Proposed Projects: Seven (7) months proposed project for the period December 1, 2007 through June 30, 2008	Maximum: 60% of 2006-2007 base award	Seven (7) Months
Example: Continuation ² Project Award If 120% Increase is Requested. Justification is Required: Only expansion of services or inflationary increases will be considered, if justified in Proposed Project Application.	<div> <div>\$100,000</div> <div>2006-2007 award</div> <div>x .6</div> <div>(60%)</div> <div>\$ 60,000</div> <div>maximum 2007-2008 base award</div> <div>x 1.2</div> <div>(120%)</div> <div>\$ 72,000</div> <div>maximum 2007-2008 award, if approved.</div> </div>	

✓ Complete, **UNBOUND**, original Applications must be submitted to our Office by **Friday, June 29, 2007**.

✓ The information must be submitted by U.S. Mail or hand delivered to **(faxed copies will NOT be accepted)**:

Mailing Address:
 Office of Primary Care and Rural Health
 Utah Department of Health
 P.O. Box 142005
 Salt Lake City, Utah 84114-2005

Street Address for Hand Delivery:
 Office of Primary Care and Rural Health
 Utah Department of Health
 288 North 1460 West
 Salt Lake City, Utah 84116

Note that Applications that are incomplete, or submitted after the deadline, may be delayed or denied review. Applicants should pay particular attention to the quality of your narrative, and assure that your Application is clear, succinct, and answers all of the points listed in the Application.

Please be aware that the State Primary Care Grants Program is a competitive program and an Application to the Program does not guarantee an award or future funding.



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Letter to Potential Project Applicants to the State Primary Care Grants Program
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QUESTION & ANSWER conference calls on the Application process will be held on the following three (3) afternoons:

- Tuesday, June 19, 2007 from 3:00 until 4:00 p.m.
- Wednesday, June 20, 2007 from 2:00 until 3:00 p.m.
- Thursday, June 21, 2007 from 1:30 until 2:30 p.m.

The call in number for all three (3) conference calls is 1-800-474-2077 or 801-521-3615. There is no charge to participants on this conference call.

PLEASE RSVP your participation in the **QUESTION & ANSWER** conference call by June 20th to elolsen@utah.gov. *You should assure to include (1) your name and telephone number, (2) the conference call "date" you will participate in, and (3) the "QUESTIONS" you would like addressed on the conference call.*

Please be aware that if no RSVPs are received AND no "QUESTIONS" are submitted to us, the conference call will not be held.

Final Award Decisions are expected to be announced Friday, August 17, 2007. Applicant agencies will be provided decisions through written correspondence to the address listed on their State Primary Care Grants Program application.

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**STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS**

State Fiscal Year 2007-2008 Application Instructions Checklist

A COMPLETE ORIGINAL APPLICATION must be submitted by **Friday, June 29, 2007**, to the Office of Primary Care and Rural Health.

The Application must be submitted by U.S. Mail or hand delivered (**faxed copies will NOT be accepted**):

U.S. Mail Delivery Address:
Office of Primary Care and Rural Health
Utah Department of Health
P.O. Box 142005
Salt Lake City, Utah 84114-2005.

Street Address for Hand Delivery:
Office of Primary Care and Rural Health
Utah Department of Health
288 North 1460 West
Salt Lake City, Utah 84116

Applications that are incomplete, or submitted after the deadline, may be delayed or denied review.

NOTE:

- ☐ Applicants should review the "Definitions Used by the State Primary Care Grants Program." This information is available from our web site at:
<http://health.utah.gov/primarycare/pdfs11-00/PrimaryCare/SPCG-Definitions.pdf>
- ☐ Applicants should also review the "Detailed Criteria for Scoring" applications to the State Primary Care Grants Program. This information is available from our web site at: <http://health.utah.gov/primarycare/pdfs11-00/PrimaryCare/SPCG-Scoring.pdf>

Funding from the State Primary Care Grants Program **CAN NOT** be used to supplant other existing funding sources. This means that the number of encounters or visits funded by the State Primary Care Grants Program should be over and above the number of encounters or visits covered by other funding sources available to the Applicant Agency.

Primary care services not covered by CHIP, Medicaid, Medicare, PCN, other public health care coverage, or private insurance **MAY** be considered, **IF** the primary care services and costs are clearly detailed and listed in the Application.

ONLY Private Non-Profit Agencies and Public Entities are eligible for funding
(Section 26-17-302(1), UCA).

¹ "New" Projects are those Projects that were not awarded funding December 1, 2006 through November 30, 2007.

² "Continuation" Projects are those Projects that were awarded funding December 1, 2006 through November 30, 2007. Continuation Projects are considered those Projects that would be applying for the "exact same Project and with the same Objectives."

**STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS**

State Fiscal Year 2007-2008 Application Instructions Checklist

CHECKLIST FOR SUBMITTAL

The **UNBOUND** original Application must be submitted in the following order:

*Please note: A cover letter is **not** necessary.*

- ☐ Proposed Project Summary Sheet, completed.
- ☐ Proposed Project Application *Narrative Questions*, Proposed Project Applications that fail to adequately answer ALL questions will NOT be considered for review. Responses to the Proposed Project Application *Narrative Questions* should be NO MORE than four (4) pages total with one inch margins. The font should NOT be smaller than 10-point. Lines should be double-spaced. Each narrative question must be answered in the order presented. Each page should be numbered and have the name of the Proposed Project and Applicant Agency within the top one inch margin.
- ☐ Proposed Project Services to be Provided list, completed.
- ☐ Proposed Project Projections forms, completed.
- ☐ Proposed Project Sliding Fee Scale used to determine *actual fee to be charged to clients*. Please include a copy of the Sliding Fee Scale that a client can use to determine charges. *If the Proposed Project Applicant does not require their clients to pay a co-payment, please explain why.* **DO NOT INCLUDE ACTUAL LIST OF FEES CHARGED PER PROCEDURE.**
- ☐ Agency Balance Sheet and Annual Report. Please include a copy of your agency's most recent Audited Annual Report (**UNBOUND**), with your one (1) page Balance Sheet **on top** of the Audited Annual Report.
- ☐ Agency Proof of Non-Profit Status. All agencies must supply a copy of proof of non-profit status. Proof of non-profit status can include, but is not limited to, correspondence from the Internal Revenue Service determining your exemption from federal income tax under section 501 (a) of the Internal Revenue Code as an organization described in section 501 (c) (3).
- ☐ Proposed Project Application Instructions Checklist. Please include this completed Checklist with your **UNBOUND** original Application.

Funding from the State Primary Care Grants Program **CAN NOT** be used to supplant other existing funding sources. This means that the number of encounters or visits funded by the State Primary Care Grants Program should be over and above the number of encounters or visits covered by other funding sources available to the Applicant Agency.

Primary care services not covered by CHIP, Medicaid, Medicare, PCN, other public health care coverage, or private insurance **MAY** be considered, **IF** the primary care services and costs are clearly detailed and listed in the Application.

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**STATE PRIMARY CARE GRANTS PROGRAM
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IDENTIFYING INFORMATION	
Title of Proposed Project:	
Name of Agency:	
Contact Name <i>and</i> Title:	
Mailing Address:	
Street Address (if different than mailing address):	
City, State, Zip:	
Telephone:	Fax:
Email Address:	Tax Identification Number:

State Fiscal Year 2007-2008 Proposed Project Application Narrative Questions

The responses to the items listed below for the Proposed Project Application should be **UNBOUND**, NO MORE than four (4) pages total with one inch margins. The font should NOT be smaller than 10-point. Lines should be double-spaced. The count of the four (4) pages total *does not include* the required forms that must be included with the Proposed Project Application (see Application Instructions Checklist). Each narrative question must be answered in the order presented. Each page should be numbered and have the name of the Proposed Project and the name of the Agency applying for funding. Please be concise and succinct with your responses. Note that the Proposed Project budget narrative (described on the following page) is separate from the Proposed Project Application. Proposed Project Applications that are submitted after the deadline may be delayed or denied review.

Each question must be answered and numbered in the following order:

1. **SUMMARY PARAGRAPH DESCRIBING THE PARENT AGENCY.** Briefly describe the parent agency of the Proposed Project. Paragraph should include: Agency mission, goals, and objectives; how the Agency is managed (county owned, managed by a board or commission, etc.); length of time Agency has been established (been in business); and populations served by Agency. *This section is for Agency information, not Proposed Project information.*

The following questions must be answered for the Proposed Project, not for the parent agency.

2. **PROPOSED PROJECT TARGET POPULATION(S):** Briefly describe the medically underserved population(s) that the Proposed Project objective(s) will serve ***and*** include an assessment of need for this population.

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**STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS**

3. **PROPOSED PROJECT OBJECTIVES:** Provide specific, measurable objective(s), as well as proposed activities, outcomes, and measures for each Proposed Project objective. Please assure to describe the Proposed Project objectives that you are requesting funding for, **not** the objectives of your entire Agency.
4. **PROPOSED PROJECT EVALUATION/QUALITY REVIEW:** Provide a brief description of the evaluation/quality review program that your Agency will use for the Proposed Project objective(s). Evaluation/quality review programs, may include but are not limited to, the capacity to examine topics such as patient satisfaction and access; quality of clinical care; quality of the work force and work environment; cost and productivity; and health status outcomes.
5. **PROPOSED PROJECT INNOVATION:** Provide a description of innovative aspects that your Agency will use to complete the Proposed Project objectives(s). Innovative aspects may include, but are not limited to: creating value out of new or different ideas, new products, new services, or new ways of doing things. These innovative aspects are determined based on whether they are new or different, efficient, and have significant benefit to the community and the underserved populations served by the Proposed Project.
6. **PROPOSED PROJECT COLLABORATION:** Provide information about any existing or future partnerships, collaborative efforts, use of volunteers, or other resources that your Agency will use to complete the Proposed Project objective(s).
7. **PROPOSED PROJECT SUSTAINABILITY OF FUNDING:** Provide a plan of financing for the target population(s), *if State Primary Care Grants Program funding were no longer available*. Also provide evidence of "Other Sources of Funding" for the primary care services provided by your Proposed Project (e.g., funding from the Utah Department of Health, Cardiovascular Program, for blood pressure screening).
8. **PROPOSED PROJECT BUDGET NARRATIVE:** Please provide a brief Proposed Project budget narrative. The Proposed Project budget narrative must explain each Line Item Category of the Proposed Project budget (see the Proposed Project Summary Sheet on the following page). Briefly describe the personnel who will oversee and/or complete Proposed Project activities. Explain other sources of funding included in the Proposed Project budget, such as grants, third party payments (e.g., CHIP, Medicaid, Medicare, PCN,, other public health care coverage, private insurance), donations, etc.

NOTE:

New¹ Proposed Project budgets should be for the period September 1, 2007 through June 30, 2008.

Continuation² Proposed Project budgets should be for the period December 1, 2007 through June 30, 2008.

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**STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS**

State Fiscal Year 2007-2008 Proposed Project Summary Sheet

Name of Applicant Agency _____

Name of Proposed Project _____

PROPOSED PROJECT SUMMARY INFORMATION New¹ Proposed Project budgets should be for the period September 1, 2007 thru June 30, 2008 Continuation² Proposed Project budgets should be for the period December 1, 2007 thru June 30, 2008		
Dollar Amount for Proposed Project: \$		
PROPOSED PROJECT EXPECTS TO SERVE:	Number of Proposed Project Users ² : _____ The number of medically underserved individuals the State Primary Care Grants Program Proposed Project expects to serve.	Number of Proposed Project Encounters ¹ : _____ The aggregate number of encounters that the Proposed Project expects to be providing (over and above the Agency baseline encounters).
The Precise Boundaries of the Area to be Served by the Proposed Project [you MUST specify the City(s) and/or County(s)]:		

PROPOSED PROJECT BUDGET New¹ Proposed Project budgets should be for the period September 1, 2007 thru June 30, 2008 Continuation² Proposed Project budgets should be for the period December 1, 2007 thru June 30, 2008			
Line Item Category	Column A	Column B	Column C Column A + Column B = Column C
	Proposed Project Requested Funding	Other Sources of Project Funding	Total Project Funding
Salary & Fringe Benefits	\$	\$	\$
Travel	\$	\$	\$
Equipment	\$	\$	\$
Supplies	\$	\$	\$
Contractual	\$	\$	\$
Total Costs	\$	\$	\$

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³ "Encounter" means a face-to-face contact between an eligible individual and the awarded Agency's health care provider who exercises independent judgement in the provision of primary care services to the eligible individual and where the services provided under the Proposed Project are rendered and recorded in the eligible individual's record.

⁴ "Users" are defined as Eligible Individuals, who will receive at least one face-to-face encounter October 1, 2006 through September 30, 2007.

⁵ "Eligible Individual" is defined as is: low income at or below 200 percent of the federal poverty level, or without health insurance including CHIP and Medicaid, or without health insurance that covers primary health care services, or without health insurance that covers a particular primary health care service; has not received primary health care services on an uncompensated basis in the last 24 months; and resides in the State of Utah.

**STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS**

State Fiscal Year 2007-2008 Proposed Project Services to be Provided

Name of Applicant Agency _____

Name of Proposed Project _____

Proposed Project Services To Be Provided		
In Column A, please check (✓) all corresponding services that the Proposed Project expects to provide to eligible individuals. <i>Please note <u>Proposed Project services ONLY</u>, NOT Agency-wide services.</i>		
SERVICE TYPE		COLUMN A
Primary Medical Care Services	General Primary Medical Care	
	Diagnostic Laboratory	
	Diagnostic X-ray	
	Diagnostic Tests/Screens/Analysis	
	Family Planning	
	Following Hospitalized Patients	
	HIV Testing	
	Immunizations	
	Mammography	
	Tuberculosis Therapy	
	Urgent Medical Care	
	24 Hour Coverage	
OB/GYN Care	Gynecologic Care	
	Pap Smear	
	Obstetric Care	
	Prenatal Care	
	Labor and Delivery Professional Care	
	Postpartum Care	
Dental Services	Preventive	
	Restorative	
	Emergency	

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**STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS**

State Fiscal Year 2007-2008 Proposed Project Services to be Provided

Name of Applicant Agency _____

Name of Proposed Project _____

Proposed Project Services To Be Provided		
In Column A, please check (✓) all corresponding services that the Proposed Project expects to provide to eligible individuals. <i>Please note Proposed Project services ONLY, NOT Agency-wide services.</i>		
SERVICE TYPE		COLUMN A
Mental Health Services	Mental Health Treatment/Counseling	
	Developmental Screening	
	24 Hour Crisis Intervention/Counseling	
	Other Mental Health Services	
	Substance Abuse Treatment/Counseling	
	Other Substance Abuse Services	
Other Professional Services	Hearing Screening	
	Nutrition Services Other than WIC (Women, Infants, and Children Supplemental Nutrition Program)	
	Occupational/Vocational Therapy	
	Physical Therapy	
	Pharmacy Services	
	Vision Screening	
Enabling Services	Case Management	
	Child Care (during visit to clinic)	
	Discharge Planning	
	Health Education	
	Home Visiting	
	Interpretation/Translation Services	
	Nursing Home and Assisted-Living Placement	
	Outreach	
	Parenting Education	
	Transportation	

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STATE PRIMARY CARE GRANTS PROGRAM FOR MEDICALLY UNDERSERVED POPULATIONS

State Fiscal Year 2007-2008 Proposed Project Projections

Projections for Period:

New¹ Proposed Projects should be for the period September 1, 2007 thru June 30, 2008
Continuation² Proposed Projects should be for the period December 1, 2007 thru June 30, 2008

Name of Applicant Agency _____

Name of Proposed Project _____

1. **Expected Encounter**³ information, **New**¹ Proposed Projects, 09/01/2007 thru 06/30/2008
Continuation² Proposed Projects, 12/01/2007 thru 06/30/2008

BASELINE DATA FOR YOUR AGENCY	PROPOSED PROJECT
<i>Agency-wide data, NOT Proposed Project data</i>	Expected Proposed Project Encounters ³
Total number of encounters ³ for <u>your Agency's</u> most recent fiscal year	Total number of Proposed Project patient encounters ³ New ¹ Projects, 09/01/2007 thru 06/30/2008 Continuation ² Projects, 12/01/2007 thru 06/30/2008

PLEASE USE BEST ESTIMATES (PROJECTIONS) OF USERS EXPECTED TO BE SERVED BY YOUR PROPOSED PROJECT.

2. **Expected Proposed Project Users**⁴ by Age, **New**¹ Proposed Projects, 09/01/2007 thru 06/30/2008
Continuation² Proposed Projects, 12/01/2007 thru 06/30/2008

Age Groups	Number of Proposed Project Users
0 - 19	
20 - 64	
65 and over	
Total Proposed Project Users ⁴	

3. **Expected Proposed Project Users**⁴ by Income Level, **New**¹ Proposed Projects, 09/01/2007 thru 06/30/2008
Continuation² Proposed Projects, 12/01/2007 thru 06/30/2008

Percent of Poverty Level	Number of Proposed Project Users
100% and below	
101 - 200%	
Above 200%	
Unreported/unknown	
Total Proposed Project Users ⁴	

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STATE PRIMARY CARE GRANTS PROGRAM FOR MEDICALLY UNDERSERVED POPULATIONS

State Fiscal Year 2007-2008 Proposed Project Projections

Projections for Period:

New¹ Proposed Project budgets should be for the period September 1, 2007 thru June 30, 2008

Continuation² Proposed Project budgets should be for the period December 1, 2007 thru June 30, 2008

Name of Applicant Agency _____

Name of Proposed Project _____

4. Expected Total Proposed Project Users⁴ by Insurance Status,

New¹ Proposed Projects, 09/01/2007 thru 06/30/2008

Continuation² Proposed Projects, 12/01/2007 thru 06/30/2008

Number of Proposed Project Users ⁴ Uninsured	Number of Proposed Project Users ⁴ Underinsured

5. Expected Proposed Project Users⁴ by Members of Race/Ethnicity Who Suffer Health Care Disparities (see "Definitions" of underinsured and uninsured),

New¹ Proposed Projects, 09/01/2007 thru 06/30/2008

Continuation² Proposed Projects, 12/01/2007 thru 06/30/2008

Race/Ethnicity	Number of Proposed Project Users ⁴
American Indian or Alaska Native	
Black or African American	
Native Hawaiian or Other Pacific Islander	
Hispanic or Latino	
Total Proposed Project Users⁴ by Race/Ethnicity	

Total Proposed Project Users⁴	
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**STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS**

DETERMINATION OF 200% OF POVERTY TABLE

2007 Federal HHS Poverty Guidelines				
Persons in Family Unit	100% Federal Poverty Guidelines		200% Federal Poverty Guidelines	
	Annual Income	Monthly Income	Annual Income	Monthly Income
1	\$10,210	\$851	\$20,420	\$1,702
2	\$13,690	\$1,141	\$27,380	\$2,282
3	\$17,170	\$1,431	\$34,340	\$2,862
4	\$20,650	\$1,721	\$41,300	\$3,442
5	\$24,130	\$2,011	\$48,260	\$4,022
6	\$27,610	\$2,301	\$55,220	\$4,602
7	\$31,090	\$2,591	\$62,180	\$5,182
8	\$34,570	\$2,881	\$69,140	\$5,762
Each Additional Family Member	\$3,480	\$290	\$6,960	\$580

Federal Register, Volume 72, Number 15, January 24, 2007, pages 3147-3148; and as amended.

**STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS**

UTAH CODE ANNOTATED, 26-18, PART 3

TITLE 26, CHAPTER 18
MEDICAL ASSISTANCE ACT

PART 3
ACCESS TO HEALTH CARE

26-18-301. Definitions.

As used in this part:

- (1) "Medically underserved population" means the population of an urban or rural area or a population group designated by the department as having a shortage of primary health care services.
- (2) "Primary health care" means:
 - (a) basic and general health care services given when a person seeks assistance to screen for or to prevent illness and disease, or for simple and common illnesses and injuries; and
 - (b) care given for the management of chronic diseases.
- (3) "Primary health care services" include, but are not limited to:
 - (a) services of physicians, all nurses, physician assistants, and dentists licensed to practice in this state under Title 58;
 - (b) diagnostic and radiologic services;
 - (c) preventive health services including, but not limited to, perinatal services, well-child services, and other services that seek to prevent disease or its consequences;
 - (d) emergency medical services;
 - (e) preventive dental services; and
 - (f) pharmaceutical services.

26-18-302. Department to award grants - Applications.

- (1) Within appropriations specified by the Legislature for this purpose, the department may make grants to public and nonprofit entities for the cost of operation of providing primary health care services to medically underserved populations.
- (2) Grants by the department shall be awarded based on applications submitted to the department in the manner and form prescribed by the department and by [Section 26-18-303](#). The application shall contain a requested award amount, budget, and narrative plan of the manner in which the applicant intends to provide the primary care services described in this chapter.

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- (3) Applicants under this chapter must demonstrate to the department that they will operate in a manner such that no person shall be denied service by reason of his inability to pay. This does not preclude the applicant from seeking payment from the patient, a third party, or government agency that is authorized or that is under legal obligation to pay such charges.

26-18-303. Content of applications.

Applications for grants under this chapter shall include:

- (1) a statement of specific, measurable objectives, and the methods to be used to assess the achievement of those objectives;
- (2) the precise boundaries of the area to be served by the entity making the application, including a description of the medically underserved population to be served by the grant;
- (3) the results of an assessment of need demonstrating that the population to be served has a need for the services provided by the applicant;
- (4) a description of the personnel responsible for carrying out the activities of the grant along with a statement justifying the use of any grant funds for the personnel;
- (5) letters and other forms of evidence showing that efforts have been made to secure financial and professional assistance and support for the services to be provided under the grant;
- (6) a list of services to be provided by the applicant;
- (7) the schedule of fees to be charged by the applicant;
- (8) the estimated number of medically underserved persons to be served with the grant award; and
- (9) other provisions as determined by the department.

26-18-304. Process and criteria for awarding grants.

The department shall establish rules in accordance with Title 63, Chapter 46a, Utah Administrative Rulemaking Act, governing the application form, process, and criteria it will use in awarding grants under this chapter. In awarding grants, the department shall consider the extent to which the applicant:

- (1) demonstrates that the area or a population group to be served under the application has a shortage of primary health care and that the services will be

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located so that they will provide assistance to the greatest number of persons residing in such area or included in such population group;

- (2) utilizes other sources of funding, including private funding, to provide primary health care;
- (3) demonstrates the ability and expertise to serve traditionally medically underserved populations including persons of limited English-speaking ability, single heads of households, the elderly, persons with low incomes, and persons with chronic diseases;
- (4) demonstrates that it will assume financial risk for a specified number of medically underserved persons within its catchment area for a predetermined level of care on a prepaid capitation basis; and
- (5) meets other criteria determined by the department.

26-18-305. Report on implementation.

The department shall report to the Health and Environment Interim Committee by November 1, 1994, and every year thereafter on the implementation of the grant program for primary care services. The report shall include a description of the scope and level of coverage provided to low-income persons by primary care grant programs and by the medical assistance program established in [Section 26-18-10](#). The report shall also include recommendations to minimize the loss of revenue by hospitals that serve a disproportionate share of persons under [Section 26-18-10](#).

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- R434. Health Systems Improvement, Primary Care and Rural Health.
- R434-10. Rural Medical Financial Assistance.
- R434-30. Primary Care Grants Program for Medically Underserved Populations.
- R434-30-1. Authority and Purpose.
- R434-30-2. Definitions.
- R434-30-3. Grant Application Process and Form.
- R434-30-4. Additional Criteria for Awarding Grants.

R434-30-1. Authority and Purpose.

This rule is required by Section 26-18-304. It implements the primary care grants program for medically underserved populations under Title 26, Chapter 18, Part 3.

R434-30-2. Definitions.

Terms used in this rule are defined in Section 26-18-301.

R434-30-3. Grant Application Process and Form.

The department shall solicit grant applications by issuing a request for grant applications. Applicants responding to the request for grant applications under this program shall submit their application as directed in the grant application guidance issued by the department.

R434-30-4. Additional Criteria for Awarding Grants.

- (1) In addition to the criteria listed in Section 26-18-304, the department shall consider:
- (a) the reasonableness of the cost of the services to be given;
 - (b) degree to which primary health care services are provided comprehensively, extent to which supplemental services are provided, and extent to which services are conveniently located;
 - (c) demonstrated ability and willingness of applicant to systematically review the quality of care;
 - (d) commitment of applicant to sustain or enhance primary health care capacity for underserved, disadvantaged, and vulnerable populations; and
 - (e) degree to which the application is feasible, clearly described, and ready to be implemented.